

# ICMJE Form for Disclosure of Potential Conflicts of

## Instructions

The purpose of this form is to provide readers of your manuscript with information about your other interests that could influence how they receive and understand your work. The form is designed to be completed electronically and stored electronically. It contains programming that allows appropriate data display. Each author should submit a separate form and is responsible for the accuracy and completeness of the submitted information. The form is in six parts.

### 1. Identifying information.

### 2. The work under consideration for publication.

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### 4.

### Intellectual Property.

### 5.

This section asks about patents and copyrights, whether pending, issued, licensed and/or receiving royalties.

### Relationships not covered above.

Use this section to report other relationships or activities that readers could perceive to have influenced, or that give the appearance of potentially influencing, what you wrote in the submitted work.

### Definitions.

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your  
organization

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**Non-Financial Support:** Examples include drugs/equipment supplied by the entity, travel paid by the entity, writing assistance, administrative support, etc.

**Other:** Anything not covered under the previous three boxes

**Pending:** The patent has been filed but not issued

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**Royalties:** Funds are coming in to you or your institution due to your patent



## ICMJE Form for Disclosure of Potential Conflicts of

### Section

#### Identifying

1. Given Name (First Name)

Asheesh

2. Surname (Last Name)

Bedi

☐

Yes

☒

No

3. Date

12-September-2021

4. Are you the corresponding author?

Corresponding Author's Name

Benjamin Kerzner

5. Manuscript Title

Rehabilitation and Return to Play of the Athlete after an Upper Extremity Injury

6. Manuscript Identifying Number (if you know it)

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#### Declaration for

Are there any relevant conflicts of interest?

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Yes

☒

No

ADD

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#### Relevant financial activities outside the submitted

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Are there any relevant conflicts of interest? ☐ Yes ☒ No

ADD

### Section

#### Intellectual Property -- Patents &

Do you have any patents, whether planned, pending or issued, broadly relevant to the work? ☐ Yes ☒ No



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#### Relationships not covered

Are there other relationships or activities that readers could perceive to have influenced, or that give the appearance of potentially influencing, what you wrote in the submitted work?

- ☒ Yes, the following relationships/conditions/circumstances are present (explain below):
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### Section

#### Disclosure

Based on the above disclosures, this form will automatically generate a disclosure statement, which will appear in the box below.

#### Generate Disclosure Statement

Dr. Bedi reports and Board or Committee member: American Orthopaedic Society of Sports  
Medicine Paid Consultant/IP Royalties: Arthrex Inc.  
Publishing royalties/financial or material support: SLACK incorporated, Springer

### Evaluation and Feedback

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assistance, administrative support, etc.

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## ICMJE Form for Disclosure of Potential Conflicts of

### Section

#### Identifying

1. Given Name (First Name)

Neha

2. Surname (Last Name)

Chava

☐

Yes

☒

No

3. Date

12-September-2021

4. Are you the corresponding author?

Corresponding Author's Name

Benjamin Kerzner

5. Manuscript Title

Rehabilitation and Return to Play of the Athlete after an Upper Extremity Injury

6. Manuscript Identifying Number (if you know it)

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Yes

☒

No

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## Section

### Identifying

1. Given Name (First Name)

Luc

2. Surname (Last Name)

Fortier

☐

Yes

☒

No

3. Date

12-September-2021

4. Are you the corresponding author?

Corresponding Author's Name

Benjamin Kerzner

5. Manuscript Title

Rehabilitation and Return to Play of the Athlete after an Upper Extremity Injury

6. Manuscript Identifying Number (if you know it)

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Yes

☒

No

**ADD**

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No

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Do you have any patents, whether planned, pending or issued, broadly relevant to the work? ☐ Yes

☒

No

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## Section

### Identifying

1. Given Name (First Name)

Benjamin

2. Surname (Last Name)

Kerzner

3. Date

12-September-2021

4. Are you the corresponding author?

☒ Yes ☐ No

5. Manuscript Title

Rehabilitation and Return to Play of the Athlete after an Upper Extremity

Injury

6. Manuscript Identifying Number (if you know it)

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## Section

### Identifying

1. Given Name (First Name)

Brooks

2. Surname (Last Name)

Klein

☐

Yes

☒

No

3. Date

12-September-2021

4. Are you the corresponding author?

Corresponding Author's Name

Benjamin Kerzner

5. Manuscript Title

Rehabilitation and Return to Play of the Athlete after an Upper Extremity Injury

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4.

### Intellectual Property.

5. This section asks about patents and copyrights, whether pending, issued, licensed and/or receiving royalties.

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## Section

### Identifying

1. Given Name (First Name)

Neil

2. Surname (Last Name)

Verma

3. Date

12-September-2021

4. Are you the corresponding author?

☐

Yes

☒

No

Corresponding Author's Name

Benjamin Kerzner

5. Manuscript Title

Rehabilitation and Return to Play of the Athlete after an Upper Extremity Injury

6. Manuscript Identifying Number (if you know it)

## Section

### Declaration for

Are there any relevant conflicts of interest?

Did you or your institution **at any time** receive payment or services from a third party (government, commercial, private foundation, etc.) for any aspect of the submitted work (including but not limited to grants, data monitoring board, study design, manuscript preparation, statistical analysis, etc.)?

Yes

☒

No

ADD

## Section

### Relevant financial activities outside the submitted

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Are there any relevant conflicts of interest? ☐ Yes ☒ No

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## Section

### Intellectual Property -- Patents &

Do you have any patents, whether planned, pending or issued, broadly relevant to the work? ☐ Yes ☒ No

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## Section

### Identifying

1. Given Name (First Name)

Sameer

2. Surname (Last Name)

Oak

☐

Yes

☒

No

3. Date

12-September-2021

4. Are you the corresponding author?

Corresponding Author's Name

Benjamin Kerzner

5. Manuscript Title

Rehabilitation and Return to Play of the Athlete after an Upper Extremity Injury

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Yes

☒

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**ADD**

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Dr. Oak has nothing to disclose.

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Michael

2. Surname (Last Name)

Reinold

3. Date

12-September-2021

4. Are you the corresponding author?

☐

Yes

☒

No

Corresponding Author's Name

Benjamin Kerzner

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